

Application Data Sheet

Application Information

Filing Date::	08/18/2003
Application Type::	Continuation
Subject Matter::	Utility
Suggested Group Art Unit::	None
CD-ROM or CD-R?::	None
Title::	METHODS AND SYSTEMS FOR FOCUSED BIPOLAR TISSUE ABLATION
Attorney Docket Number::	2024728-7034083001
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figures::	19
Total Drawing Sheets::	13
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity

Given Name::	Robert S.
Family Name::	Behl
City of Residence::	Palo Alto
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	361 Tioga Court
City of mailing address::	Palo Alto
Country of mailing address::	US
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	94036
Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Morton
Family Name::	Grosser
City of Residence::	Menlo Park
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	1016 Lemon Street
City of mailing address::	Menlo Park
Country of mailing address::	US
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	94025

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Alexander L.
Family Name:: Huang
City of Residence:: Menlo Park
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 903 Arnold Way
City of mailing address:: Menlo Park
Country of mailing address:: US
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94025

Correspondence Information

Name:: Bingham McCutchen, LLP
Street of mailing address:: Three Embarcadero, Suite 1800
City of mailing address:: San Francisco
Country of mailing address:: US
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94111-4067
Telephone:: (650) 849-4400
Fax:: (650) 849-4800

Representative Information

Representative Customer Number:: 23639

Representative Designation::	Registration Number::	Name::
Primary	37,104	David T. Burse

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/663,048	09/15/2000